

| POSITION                  | INITIALS           | ID NO. | DATE     |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION         |                    | 6      | 8-31-01  |
| O.I.P.E. CLASSIFIER       |                    |        |          |
| FORMALITY REVIEW          |                    |        | 10-10-01 |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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